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CONFIRMATION NO. 2593

<b>SERIAL NUMBER</b> 10/735,203	<b>FILING OR 371(c) DATE</b> 12/12/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1633	<b>ATTORNEY DOCKET NO.</b> DSI-10402/22
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**APPLICANTS**  
 Lawrence W. Cosenza, Birmingham, AL;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/433,269 12/13/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 03/01/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: _____ Initials: _____	<b>STATE OR COUNTRY</b> AL	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 42	<b>INDEPENDENT CLAIMS</b> 6
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**ADDRESS**  
 25006

**TITLE**  
 Sacromastigophoric therapeutic agent delivery system

<b>FILING FEE RECEIVED</b> 777	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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